

## **COUNTY OF LOS ANGELES**

## OFFICE OF THE ASSESSOR

500 WEST TEMPLE STREET LOS ANGELES, CALIFORNIA 90012-2770 (213) 974-9205 http://assessor.co.la.ca.us/

## PROPERTY DATA CHANGE REQUEST

Use this form to report discrepancies between data appearing on the website and actual property characteristics. (Do not use this form to report value opinion differences.)

(PLEASE PRINT)

Assessor's Identification Number:		
Owner(s) Name(s):		
Property Address:		
Mailing Address:		
Daytime Telephone:		
CHANGE REQUESTED:	FROM:	то:
Property Type: (single residence, condominium, multiple residence, commercial/industrial, other)		
Main Improvement Sq. Ft. (exterior dimensions)		
Number of Bedrooms:		
Number of Bathrooms: (Includes 3/4 and 1/2 bathrooms)		
Number of Units:		
Other: (specify)		
REMARKS:		
I certify (or declare) that the foregoing and my knowledge and belief. This declaration may make a physical inspection of the pro-	n is binding on each and	l every co-owner. The Assessor's office
Signature of Property Owner:		
		Date

Mail completed form to:

Office of the Assessor, Appraisal Standards Section, Hall of Administration, 500 W. Temple St., Room 290, Los Angeles, CA 90012 or call (213) 974-9205.